ADVISORY COMMITTEE OF THE COMMISSION FOR MH/DD/SAS
April 3, 2003

Commission Members Present: Floyd McCullouch; Fredrica Stell; Lois Batton; Emilly Moore; Dorothy Crawford; Donald Stedman; Pender McElroy; Ellen Holliman; Lou Adkins

Others Present: Erin Drinnin; Chris Phillips; Dr. Jack Backley; Don Willis; Dave Peterson; Dave Richardson; Beth Melcher; Sam Stell; John Crawford; Marilyn Brothers; Carol Duncan Clayton

Dr. Donald Stedman called the meeting to order at 9:30 a.m.

Commission Mission Statement
Dr. Stedman recognized Ellen Holliman, Chair of the Mission Statement Sub-Committee to discuss the mission statement. Ms. Holliman noted that the sub-committee had met in the fall to discuss the mission statement with very little change recommended for the actual mission statement. The task for this meeting was to review the current guiding principles and goals. In another discussion, revisions to the mission statement and guiding principles were made and will be presented to the full Commission at the May meeting.

Professional Workforce Issues in Response to the Redesign
Carol Duncan Clayton gave a very informative presentation on the workforce issues in response to the redesign. This presentation included the following key principles:

- governance accountability-This means greater involvement of local elected officials with the mh/dd/sa program. Clinical staff employment status could change; increased focus from local elected officials on the value of the clinical programs/staff for the community; more direction on how to expend county dollars.
- economic efficiency-A public acknowledgment that state/county tax dollars are finite with accompanying refocus on making maximum use of public dollar. For clinical staff, this could mean possibly mean change in client base, possibly change in how you service clients; possibly change in workload demand; possibly change in employment status.
- social fairness/justice-Emphasis on treating individuals as humans, focusing on life plans and assisting individuals to make life decisions for themselves as much as possible. For clinical staff, this could mean different clientele; different skill set; focus on the individual within the context of the greater good.
- best practice-Ties economic efficiency to outcomes. For clinical staff, this means possibly changes in what they do; possibly changes how they get paid; creates a need for increased dialogue among peers; creates a need to demonstrate outcomes in a different way.
- service integrity during transition-The desire to move to a new model of public MH/DD/SA service delivery in a planned, thoughtful manner with a focus on

minimal disruption to clients. For clinical staff this means that they must be willing to engage in planning for the transition period during a disruptive personal time-high level of personal integrity.

Carol also addressed how national movements are affecting North Carolina. These areas included increased privatization; increased focus on the consumer as customer; increased consumerism; increased focus on value; biomedical developments-new generation medications bring increased hope and opportunity for recovery; telecommunications technologies; workforce issues/demographics; and increased focus on regulatory compliance.

The role of the clinician within the local managing entity was also discussed. These roles included areas such as Clinical Management. Clinical management includes utilization review/utilization management; best practice implementation and guidelines; system analysis of clinical effectiveness-population based studies; supervision and consultation. Other areas include the Provider Network Management. This includes relational contracting; provider development and training; gap analysis; complaint resolutions; oversight and monitoring. Another area included quality management. This includes customer service; risk management; outcome management; QI studies; and clinical pathways.

The MH/DD/SA Commission was encouraged to influence policy on recruitment and retention of professional staff.

Resolution Discussion
Dr. Stedman recognized Pender McElroy who shared with the group the resolution the Rules Committee passed at their April 2, 2003 meeting. The resolution stated that the Commission supports increasing the tax on alcoholic beverages and tobacco products in North Carolina with the proceeds from such tax going to mental health, developmental disabilities and substance abuse services. The Advisory Committee also approved the resolution.

Report on Special Assistance Funding Project
Dave Peterson presented on the Special Assistance In-Home Demonstration Project. DHHS was authorized by the General Assembly to carry out this project which provides special assistance for up to 400 eligible individuals living at home for a limited time period. The demonstration ends on June 30, 2003.

Mr. Peterson noted that twenty-two county departments of social services (DSS) participated in the demonstration project. A total of 377 individuals received Special Assistance at home during the September 2000-August 2002 period. Individuals participating in this project were able to live in their homes instead of an adult care home.

Mr. Peterson stated that the role of the caregivers in this project is very important. Caregivers include relatives, friends, and neighbors. Eighty-four percent of the recipients have a primary caregiver.

Mr. Peterson also stated that based on findings from the client assessments, planning with the clients and family members or others members of their informal support network, and planning with physicians and local service providers, the case managers developed care plans designed to meet the needs of the clients and enable them to live at home rather than move to an adult care home. The special assistance payments were used for a variety of things-all of which are basic needs for people living at home.

Mr. Peterson stated a condition for participation in this demonstration project is that the individual be eligible for Medicaid. The top three Medicaid services with the highest level of expenditure for each group were Personal Care Services, Prescription Drugs, and Physician Services & Hospitalization.

Mr. Peterson noted that case managers at the county department of social services conducted comprehensive assessments to identify the nature and extent of the needs of individuals requesting Special Assistance payments and how the factors affected their ability to live at home. An average of 1 ½ hours of case management were provided to each recipient per month. Existing case managers in the county departments of social services provided the case management. No state funds are used to provide this Medicaid case management program that is known as At-Risk Case Management Services.

Mr. Peterson stated that the demonstration project has shown that providing Special Assistance payments to individuals enables them to continue living at home and is an effective approach for providing an alternative to adult care homes.

The Advisory Committee felt this initiative should be supported and voted to recommend to the Commission at the May meeting support of Senate Bill 253 and House Bill 170-Expand Special Assistance Demo Project.

Proposed Statement of Support for the Mental Health Redesign Initiative
The Advisory Committee voted to submit to the Commission a statement that stated support for the Mental Health re-design, endorsed the process, and encouraged both the local and Division people to work together.

There being no further business, the meeting adjourned at 3:00 p.m.

Respectfully submitted,
Marilyn Brothers